

What's Happening?

A NEWSLETTER

FOR THE MAINE MEDICAL CENTER FAMILY

Heart and Soul

Study breaks new ground at MMC

A recent doctor of ministry graduate, who also serves as MMC's Protestant Chaplain, has completed the first-ever research project in pastoral care at Maine Medical Center. Judith Hubbling Blanchard, D.Min., received MMC Institutional Review Board approval last May to study the spiritual needs of patients facing open heart surgery, and has published her results in her doctoral thesis.



Dr. Blanchard approached the pastoral role of "covenanted companionship" as being distinct from other caregiving roles and equally important to many patients. She involved the other hospital chaplains and chaplaincy students as researchers. Her study adds to a growing body of literature that attempts to define the relationship between spirituality and health.

A seminal study at Dartmouth-Hitchcock Medical Center in 1995 identified "absence of strength and comfort from religion", as well as

BLANCHARD, SEE P.6

Capacity takes center stage as census stays high

Maine Medical Center is successfully treating a record number of patients. That's the good news. The bad news is, we have a shortage of beds to accommodate them. Bed management and patient flow were the number one areas of concern identified when MMC's Journey to Excellence initiative began. That certainly came as no surprise to members of the staff who see the problem firsthand every day.

We're taking our bed problem (also known as the "capacity" problem) seriously. It's even a primary area of focus in the new Strategic Plan. Changes are already taking place, as we've implemented programs to streamline patient flow from admission through discharge. This should ease the burden on hospital staff while improving the level of patient care.

The capacity problem and its solutions impact many areas of the hospital. In addition to patient care units, they affect Admitting, Pharmacy, Nutrition Services, and Environmental Services, among others. Obviously, there is no simple solution to such a complex and far-reaching issue. That's why our capacity strategy unites several initiatives with a common theme: to place the right patient in the right bed at the right time.

The initiatives include:

- a centralized system for bed management
- better utilization of outpatient

facilities

- a care coordination program to enhance the discharge process
- adding more beds and staff, and boosting the supply of particular kinds of beds, where possible.

Central Bed Management

Our Bed Management team, just seven months old, is already considered a success. The team is responsible for coordinating and facilitating patient flow throughout the Bramhall campus.

Peggy Farr, RN, formerly Evening Nursing Supervisor, is the new Central Bed Manager. Emergency Department Medical Director David Bachman, MD, serves as physician liaison for this position.

Central Bed Management is a product of the Journey to Excellence patient flow work team. This team, led by Doris Skarka, RN, and Dr. Bachman, took a close look at the bed management process. They recognized that the hospital needed a better way of managing the bed flow on a day-to-day basis. The system was disjointed, and no one had an overriding understanding of what the issues were within a given day or week. Out of that grew the notion of centralizing bed management as a way to streamline this important process.

"You can ask Peggy the status of any floor in the hospital, and 99 times out of a hundred, she'll be able to tell you," says Dr. Bachman.

CAPACITY, SEE P.2

"She is the person who both knows and understands everything from the clinical and institutional perspective." Farr reviews bed availability every few hours and serves as the central contact for the latest information on bed status. This allows her to anticipate demand for certain beds and expedite transfers and discharges accordingly.

Working closely with Admitting staff, Farr reviews the "bed board" on a regular basis. Though decidedly low-tech, the board is an excellent guide to what's happening throughout the institution. "That board tells it all -- I almost live there," Farr says.

MMC is investigating electronic versions of the "bed board", similar to those used to track beds in hotels. The advantages would include bringing the information into "real time", and also making it accessible anywhere on the computer network.

Already there is a system in place to track clean and dirty beds. Using phones and computers, Environmental Services and Admitting can communicate back and forth easily. Admitting is immediately notified when patients are discharged or moved, and assigns a priority to the bed. These codes give the timeframe for getting a room ready for the next patient: "dirty bed" -- clean within 90 minutes, "clean next" -- clean when finished with current task, or "STAT" -- clean immediately.

Environmental Services staff carry pagers that receive bed status codes automatically; they log in by phone before and after cleaning the room. Teletracking shows at all times the status of a given bed, eliminating many voice telephone calls.

Farr also communicates with nurses on a daily basis. "We have a morning meeting, Monday through Friday, where I bring the charge nurses from all the units into one

room. We talk about the census: how many patients we have coming in, what kind of patients they are, potential discharges, and how we can help one another manage the flow," she says. "There's a better awareness from one unit to another which leads to greater cooperation. It's been a huge success story."

Dr. Bachman summarizes the job as all about communication and cooperation. He feels it's important to keep as many people as possible in the loop. "We develop daily and monthly reports on the patient census, consolidating information from multiple areas, which gives people in administration, nursing units, critical care units -- and beyond -- a good understanding of the challenges we face."

Farr is likewise pleased with the progress of the Central Bed Management program. "We're seeing good results and a year from now, I think we'll see a huge difference," she says. "It's exciting, it's a real challenge, and it's succeeding because we're all working together."

Utilizing Outpatient Facilities

Sometimes the "right bed at the right time" is at MMC's Brighton campus. Brighton SurgicalCenter is supporting the bed management team two ways: by providing beds in their overnight unit and by increasing their capacity for outpatient surgery with the addition of a fifth operating room.

"We have a comfortable, spacious short-stay unit at our facility," says Diane Fecteau, RN, Executive Director of Brighton SurgicalCenter. "There have been many occasions when someone from Bramhall has called and asked us to take a post-op patient. This allows them to handle more cases while patients enjoy the same level of post-op care here."

Fecteau notes that the process has become much more organized since the Bed Management program

started. "Having one person with the overall picture to communicate with has been a big advantage," she says.

Brighton SurgicalCenter also welcomes more outpatient surgery. The new fifth OR is currently open two days a week and two Fridays a month, and will be open full-time beginning in September.

"A tremendous amount of outpatient surgery that we can handle here is still taking place at the Bramhall campus," says Fecteau. "We want to encourage physicians to bring appropriate cases to the Brighton campus. Since Brighton SurgicalCenter is focused on ambulatory surgery, the vast majority of patients go home the same day, and that's good for everyone. Patients who don't need long-term care do better at home, by and large. Surgeons appreciate how efficiently we handle cases, and more beds are available at Bramhall."

Clearly, Brighton SurgicalCenter has an important role to play in bed management. "We've eased the burden in that we've allowed MMC's capacity to continue to grow," says Fecteau.

Care Coordination

MMC's new Care Coordination program addresses opportunities that were identified for improving discharge planning by starting the process earlier and continually monitoring patients' needs during their stay. The new program is under the direction of Monique Fournier, RN.

"Ideally, care coordination will improve the overall efficiency of a patient's stay," says Fournier. "We're working with the bed management team to set goals for discharge during the day so that beds will become available sooner. We have also discussed ways in which we can assist by becoming involved with patients even before their admission. This would allow us to better edu-

Caring

TO MAKE A DIFFERENCE

What's Caring To Make A Difference all about? It's about people who make MMC special. It's about the folks who are quietly working hard each day to improve themselves, improve their departments, and improve the quality of life at MMC for everyone who enters our doors.

Health Information Management -- So What Else is New?

MMC's Medical Record Services Department may be getting a new title, but the outstanding customer service and quality of performance we have come to experience will remain! Medical Record Services has become the Health Information Management (HIM) Department. The name change is a reflection of the broad scope of information services and more closely describes the work that goes on in this department of more than 80 individuals.

This work is described in their mission as: ".....the development and maintenance of a comprehensive and coordinated medical record and data system". Among their services are transcription of dictated patient reports, medical record storage, tracking and retrieval, chart review and processing, release of health care information, processing of birth and death certificates, and coding and reporting of health care data. Wow!

John Avedian, Director for the past six years, is both visibly proud and impressed with his team members. "The staff per-

form an important role in the delivery of health information and each one takes their contribution seriously," he says. Let's take a look at the four functional areas of the Department.

Chart Processing covers three locations (Brighton, McGeachey Hall, and Bramhall) and is where 25 team members work together to ensure that records are processed, scanned, and completed in a timely fashion. This area is without a direct manager right now, however, team leaders Maria Morrow, Charlene Myers, and Diane Ruggiero work together to ensure that records and information are processed efficiently. The Medical Staff and other clinicians get to know the staff very well as they analyze records that require additional documentation before being deemed complete. The Medical Staff Rules and Regulations are very explicit about the timeliness of completed records and the crew go the extra mile to be sure that the completion process is as quick as possible.

In addition, they are able to keep the number of incomplete charts well below the threshold allowed by the JCAHO. To the untrained eye, it is like looking for a needle in a haystack when you enter the area, but not so to the experts who work there 24 x 7.

You may not know it, but over 13 years ago MMC was the first hospital in the country to use a document imaging system to store all medical records. The system is still in use and the Department is actively working on its replacement, Sunrise Record Manager. Document imaging requires that every page of the patient's medical record be scanned onto an optical disk. HIM is able to retain 13 years of records in a small 10x12 room because one "platter" can hold up to 150,000 pages.

Many of us have come to know HIM via the Main Reception Area, located on the first floor of the Maine General Building. Managed by April Libby, there you will find the ever-helpful Anita Lessard, Maria Otero, Michelle Aaskov, and Pam Palamountain fielding phone calls, printing records, and helping walk-in customers. These folks can receive up to 200 phone calls a day requesting information! "You have to be a good listener," Anita says. "By the time the call gets to us, this person may have already talked to several other people and they

are frustrated. They just want an answer."

Behind the scenes of the Reception Area are five Release of Information Specialists who support Reception and are available to answer questions and provide medical record information to hospital staff, funeral homes, state offices, legal offices, or the individual patient or family member. Whatever the need, every request is important because it is important to that individual. It is not uncommon to have people who were born at MMC calling for an obscure piece of health information. "Every day is different and that's what makes it fun."

It helps to have a curious mind when you work in this area of HIM. They coordinate 300 written and 100 faxed requests each day. Calls come in from around the state and the country and "every one of them is important and gets some kind of response," says Renee Gomm. They work with several databases reaching all three campuses to get to the bottom of every request. "You have to know the laws and be highly organized, to work in here," adds Renee. That is what makes it so much fun: they solve small mysteries all day long!

The fourth functional area in HIM is Coding. Here the accurate and timely *coding* of patient information from the medical record is essential to producing accurate health data and statistics. This information also directly impacts the patient bill. Carolyn Murphy, RHIA, supervises a staff of 17 people, five of whom are certified Clinical Coding Specialists. They read

the record and assign diagnostic and procedure codes, which make it possible to assign the proper DRG for inpatients or APC for outpatients. DRGs and APCs define reimbursement for the care provided to Medicare patients. Every night this information is electronically sent to the billing system so that a bill

this system has improved the production of the transcriptionist since it is faster to edit a document than to transcribe it from scratch. Currently, dictation from 19 physicians is being sent through the recognizer with the goal to increase that to 150. The feedback from the Medical Transcriptionists is positive, especially



is generated within four days of discharge. Close to 30,000 inpatient discharges a year, plus all patients seen in ASU, the Outpatient Department, and FirstCare, keep these people very busy!

Medical Transcription is responsible for the management of dictation and transcription to produce patient care documents such as Histories and Physicals, consultations, and Discharge Summaries. It is also the area experiencing some of the biggest changes in health information technology. MMC has been a pilot site for the development of a speech recognition system called eScript[™]. It is changing the face of medical transcription by automatically transforming spoken medical dictation into text for editing by a Medical Transcriptionist. The use of

since it may save their hands from carpal tunnel syndrome. To someone transcribing over 6,000,000 lines a year, the benefits are obvious! Jefferson Howe, CMT, Manager, is proud of the accomplishments of this section which stresses production, quality, and customer service.

Good health, for an individual or for an entire community, depends on reliable health information. MMC's HIM professionals serve the hospital by managing patient information to make it accessible to patients and healthcare providers when it is needed most!

Caring To Make A Difference is a monthly publication of the Continuous Productivity and Quality Improvement Office. Ideas, questions, and comments may be directed to Cindy Bridgham, CPQI Office, at 871-2009, Fax 871-6286.

cate and inform them about what to expect during their stay, to reassure them that their continuing needs will be assessed, and provide them with information about resources they may need after discharge -- such as home nursing care and homemaking assistance."

Fournier is working closely with Farr and routinely attends morning census meetings when possible.

A recent pilot of the Care Coordination program demonstrated that MMC could save as many as 6,000 "patient days" while providing high quality patient care. The pilot also showed an increase in patient and physician satisfaction. Patients viewed the Care Coordinator as an advocate, as the person who visited every day and outlined the next steps for care. Physicians were grateful for the Coordinator's assistance in connecting patients to ancillary services.

"We're eager to work with the rest of the healthcare team to support patient flow and enhanced outcomes for our patients," Fournier says."

Eight staff members have been added, bringing to 16 the number of Care Coordinators who will provide coverage seven days a week.

Additional Beds

Long-range facilities plans for MMC include the construction of additional beds. In the short term, we have taken a number of steps to increase bed capacity, particularly in areas of highest demand.

New Beds

Cardiology capacity has been eased with the addition this year of two new units on P2C&D, with a net gain of 8-10 beds. The new 18-bed Cardiac Ambulatory Care Unit is helping to decompress existing catheterization facilities by consolidating patients from other locations. The Cardiac Non-Invasive Services Unit replaces existing

facilities on R8 and brings together echocardiography, electrocardiograms, stress testing, and event and holter monitoring.

Six new beds were opened last year on P3, increasing the capacity of this medical patient care unit.

Intermediate Care Beds on R1

R1 is about to launch a six-week pilot designed to yield two additional critical-care beds. "This is an important step," says Sheila Parker, RN, Interim Head Nurse of R1, the Cardiac Recovery Unit, and the Special Care Unit. "In March and April of this year, we were at 98% occupancy in Critical Care. In an effort to increase capacity, we will set up two intermediate-care beds for patients of marginal respiratory status. We will equip the room with cardiac and arterial line monitors, arrange proper respiratory support, and provide frequent nurse intervention."

Judging from the patient census in SCU and CRU, Parker anticipates a steady flow of appropriate patients. "We're going to track our census, patient outcomes, length of stay, patient satisfaction, and nurse satisfaction," Parker says. If successful, the program will go a long way toward decompressing SCU and CRU.

Short-Term Vents in CICU

In the past, any patient requiring ventilation support would have to go to SCU or CRU, which significantly strained capacity. The addi-

tion of short-term ventilators in CICU has been a big help. CICU can now take two to three ventilated patients at any given time. To accommodate these patients, CICU has changed the nurse:patient ratio, added a respiratory therapist and pulmonary physicians, and trained nurses in the care of pa-

tients on ventilators. Patients treated in CICU typically require ventilation for two to three days.

"Between these initiatives and others throughout MMC, cardiac services are flowing more smoothly," says Parker. "The bed management team has helped greatly. Every morning our charge nurses attend the bed-team meetings and plan for the day. It gives everyone a global view of what's happening within the hospital. We get patients assigned to beds faster too, particularly in the critical

Physical space is not the only resource strained by a heavy demand for services. Staff also have had to work hard to keep up with patient care and support needs.

In the past year, 75 new nursing positions have been created to address bedside care needs. Positions have been added in other areas as well: 5 in Environmental Services, 4 in Security, 5.5 each in CT Scanning and Pharmacy, 1 in Speech Pathology, 1.5 in Occupational Therapy, and 1.2 in Physical Therapy.

care units. Instead of making multiple calls through Admitting, through the floor, to the director, we have a direct line of communication."

As an Interim Head Nurse, Parker looks at MMC's capacity issues from the perspective of an RN and an administrator. "I think we're really on the right track," she says. "We have a long way to go, but with the bed management team in place, care coordination just starting, and measures taken to decompress critical care beds -- there are signs of optimism demonstrating that we're going in the right direction. There's absolutely no doubt about it."

PROP matches Family Friend with MMC family

Kim and Kirk Rundstrom of South Portland became parents to twins Jonathan and Jeremy on January 16 at MMC. When Kim learned she was going to have twins she was elated; the nurses told her they had never seen anyone as happy. As a child, she had twin Cabbage Patch dolls she toted everywhere. Initially, her husband was in a state of shock, but soon the pride of having two sons made him equally happy.

These young parents' enthusiasm for their children has not waned in light of the many complications their children have presented. The twins were premature at birth weighing 2lbs., 3 oz. and 1lb., 9 oz. Jonathan remains in NICU due to complications. Jeremy is home with his parents, hitting all the developmental milestones

within the expected time-frames. This is a family handling tremendous challenges with great spirit.

Thanks to a relationship between MMC's Social Work Department and PROP'S Family Friends Program, this family will have the presence of a caring adult in their lives to help them face the daily challenges of raising twins with special needs. This volunteer will make life a little easier for them. When they visit Jonathan at the hospital, their Family Friend comes with them to hold, rock, and sing to Jeremy. Kim and Kirk can then focus love and attention on Jonathan knowing that his twin is close by and in loving hands.

The Rundstroms both work full-time and do not have family in the area, so they are very appreciative of the help their Family Friend

provides. When the volunteer visits in the home it allows Kim to get chores done or take a nap while the volunteer plays with the baby. The match between this family and their Family Friend can't be much better according to both parties.

Family Friends are active, older adults 55 years and older who receive training prior to volunteering four hours a week in the home of a family who is facing a special challenge. For Marion Clark of Cape Elizabeth, Family Friend to this family, volunteering offers many rewards: giving back to her community, being useful, and sharing her life experiences with others. Marion's first child was born prematurely, so there is lots of wisdom here to pass on.

To learn more about Family Friends, call PROP at 874-1140 x286 for more information. PROP is supported in part by donations to our annual United Way campaign.

BLANCHARD, FROM P.1

social isolation, as independent predictors of 6-month mortality in open heart surgery patients. Thomas Oxman, M.D., and his colleagues found that the risk of death was three times higher for patients who said they found no strength or comfort from religion.

Dr. Blanchard's study was based on a "spiritual screening form" developed after reviewing other such tools and determining which dimensions were most appropriate. She chose to have the chaplains and patients fill it out together, in the belief that an evaluation only by the patient does not allow for spiritual dialogue with the chaplain, and that an evaluation only by the chaplain does not empower or engage the patient.

The screening form asked for a 1-5 ranking on eight dimensions: religion as a source of strength and comfort, level of discouragement, feelings of support, anger, fear, sense of personal control, and feelings of guilt and need for forgiveness.

The study did not track post-surgery outcomes for the patients interviewed, but Dr. Blanchard's focus was on the patient-chaplain interaction itself. In fact, she and her site review team made a conscious decision to not follow strict scientific method, such as having a control group that did not have any chaplain intervention.

"Prayer can never become trivialized and quantified as a tool over which we pretend to have control," she says. "Faith means living in the area of mystery as well as certainty." Besides, she noted, for people who believe that prayer is beneficial, "withholding" it from a control group would raise a serious ethical concern.

The study revealed some interesting facts and opportunities. For instance, MMC patients are asked on admission if they have a religious preference, and 30-40% indicate "no preference". Among the participants in the study, how-

ever, only 7.5% truly had "no preference". Dr. Blanchard believes there may be an opportunity to improve the screening process at the time of admission.

Forty-two percent of the patients in the study had experienced a significant loss in the past year, which has been identified in many studies as a risk factor for serious illness. Dr. Blanchard points out that a significant loss, such as of a spouse, can contribute to social isolation, the other major risk factor identified by the Dartmouth study.

Dr. Blanchard hopes that her work, even with its limitations in time and scope, will foster better communications about spiritual matters in the hospital. "We found there was no regular, written communication between chaplains and other caregivers about their patients' spiritual needs," she says. "All of us as caregivers have an obligation to communicate about spiritual matters that affect the health outcome of the patient."

Marketplace

In order to ensure that everyone has an opportunity to use the Marketplace, ads may be placed *once only*. Repeats will be permitted only on a space-available basis.

FOR SALE

1996 Nissan Truck, 100K miles, runs great, 30 mpg, well maintained, Nissan quality. Mostly highway miles. New Pirelli tires, stereo, 5 speed. Best reasonable offer. Call 793-2077.

1989 Honda Civic DS, 5 spd, 160K miles, runs great. \$1,300 or BO. Call 846-9216.

1987 Honda Accord, 4 dr, new power steering pump, alt. belt, 174K miles, new tires, runs exc. Blue book lists \$2,900. \$2,000 or BO. Call 854-4823 or 871-2286.

Bunkbeds with nightstand and 'possibly' a desk with top shelves, all by This End Up. \$700. 799-8698.

Storm door. Full view. 80" long x 35½" wide. Full glass plus screen. A-1 condition. \$50. Call 797-7929.

Moving, must sell: small household appliances incl. lg microwave, \$75 or BO. Nordic Trac Skiing Machine & Nordic Flex Gold weight bench, \$150 ea. or \$200 for both. Other items. Call 650-8920 or 774-2381 M-F 9-5 or ronkim4@hotmail.com.

Hotpoint Elec. stove. Self cleaning, 4 burners, black glass door, drawer. Works great! Also, mauve couch in good condition. Price negot. Call 771-2004 x249 8:30-5.

Oval table, 6 chairs. Maple. \$125. Call 871-4740.

Topsham, 3-4 BR house off Rt. 24. Lg front, back yards. 2 car garage and shed. Asking \$149,000. Call 775-5091.

Scarborough Fenced 20'x40' dog run with dog door to enclosed porch. Exc. schools. Near beach, marsh. 5 BR or 3BR, 2 studies. Front porch can be home office. Finished basement FR. Basement laundry. 2 car garage w/storage attic; attached tool shed, workshop, 2/3 acre woodland setting. \$135K. Call 883-1424.

Gorham, 1771 farmhouse, orig. features, 2 car garage, pool, large barn, 5.44 acres, well kept, 3BR, 2½ BA, 2 rms on 3rd floor, 5 FP. \$289,900. Call 655-2053.

N Deering, 3 BR, 2 BA cape. Finished cellar with wet bar. Renovated, 2 decks, ½ acre. Landscaped. \$195,000. Call 767-0022.

Black Lab/Shepard mix. 4 YO F dog. Good with older children & cats. Housebroken. Very good, loyal friend. \$75 with supplies. Buyer must have references. Call 650-8920 anytime or 774-2381 M-F 9-5 or ronkim4@hotmail.com.

FOR RENT

Lg. apt. 5 min walk from MMC, 1 BR avail. in August. \$650/mo. incl. heat/HW. Call 874-7430.

Munjoy Hill apt., 1 BR, quiet building, avail. 7/15 or 8/1. New paint, carpet. Parking, laundry & storage. Water view. H/HW incl. NS, no pets. \$800/mo., lease & sec. dep. required. Call 775-2012.

Exec. neighborhood, 4 BR, 2.5 BA, lg lot. 10 min from downtown. Eat-in K w/ island, whirlpool tub, 2nd flr laundry, cent vac, lg FR, FP, fan, sunken LR, formal DR. Pets OK. Lease flexible. \$1,975/mo. (negot) + utils. Call 883-8429.

93 Neal St., condo. 3 story, 1 'giant' BR and BA, galley K, dining area, LR; BA w/W/D hookups, spare room/den & workroom in basement; attic storage; parking. BR could be made 2 separate spaces. \$1,000/mo, 12 mo. lease, dep and refs required. Refs from former tenants. Call 646-1285 or dsmall@loa.com.

Portland, 1 BR house, quiet dead-end street. Open plan; W/D in basement. NS. Parking. Month-to-month lease. \$800/mo. Call 773-4691.

Scarborough, 3BR, 2BA, 2,500 sq ft of living space. Private road. \$2,000/mo. Call 671-2990.

Close to MMC. Lg, sunny, 1 BR avail. 7/1. \$795/mo. Call 450-7044.

West End, Lg 2 BR apt, 2nd flr in 3 unit bldg. Newly refurbished, sunny LR, eat-in K, full BA, hdwd flrs, oil heat, gas HW. No pets, NS. \$800/mo + utils. No W/D hookup. Call 871-9874 or 883-9144.

Deane St, 2 BR duplex apt near law school. 2nd flr, LR, DR, K, pantry, den,

The deadlines for announcement-length items and **MARKETPLACE** are

July 6 for the July 18 issue

and

July 20 for the August 1 issue.

All items must be in writing

and may be sent by

interoffice mail to the Public Information

Department, by e-mail to barstj,

or by fax to 871-6212.

hdwd flrs, W/D hookup, 2 people, no pets. \$850/mo + utils. Call 885-5862. Avail 8/1.

Camp on central Maine lake. Private. Canoe, paddle boat, kayaks provided. All amenities incl. \$475/wk. Call 353-9720.

S. Portland, 2 BR cape, 5 min. from MMC, avail. end of August. Corner lot, yard, deck, garage. Hdwd flrs, french doors, sunroom, well maintained. \$1,200/mo + utils. Call 627-7787.

ROOMMATE WANTED

M/F to share sunny Westbrook apt. NS, no pets. \$300/mo incl H/HW and W/D. Call 650-2410.

Share apt w/writer/teaching artist, East End. 1-2 smallish rooms, spacious common areas. W/D in basement, yard. No pets, NS on grounds. K & LR fully equipped. Refs and deposit. Call 772-1167.

WANTED

House lot: Windham, N Yarmouth, Falmouth, Yarmouth. 797-0571.

Volunteer for Cancer Community Center, S Ptld. 10 hour data entry project. Call 871-3956.

SERVICES

Mowing, raking, fertilizing, etc. Free est., reliable, reasonable. Call 929-6248.

Housesitting. 40 YO prof. F will housesit, Greater Ptld, for winter months. Will do basic maintenance, shoveling, etc. Call 627-7787.

What's Happening?

at Maine Medical Center

- All month** **Healthviews.** Comm. TV Network TV 4, Thursdays, 1400 and 2000 hours; Fridays, 0700 hours.
- July 6** Deadline for Nursing scholarships.

About People

• **Elisabeth Belmont**, Corporate Counsel, MaineHealth, has been elected to the American Health Lawyers Association (AHLA) Board of Directors. She is the first attorney from Maine to be elected to this Board. Belmont also will serve a third term as Chair of AHLA's Health Information and Technology Substantive Law Committee, which addresses issues arising from the use of information and communications technology in the health industry.

To find *What's Happening* on line, go to MMC's Intranet site, find "Quick Links" on our home page, and click on *What's Happening*.

Computer Training prepares for SCM

The biggest computer training initiative ever undertaken at MMC will soon be under way. What is it? Training for about 2,700 MMC clinicians in the use of a new patient care system, Sunrise Clinical Manager, better known as SCM. The first phase of SCM is scheduled for implementation during the first quarter of 2002.

New Training Location

The first step in getting ready for SCM training is the acquisition of conveniently located training space. To this end, two classrooms have been set up on the first floor of 13 Charles Street, a building across from the Emergency and Admitting entrances. These classrooms are equipped with 24 computers. As an initiation to these classrooms, newly arriving House Staff were trained here in late June.

Courses to Help Clinicians Prepare for SCM

In a recent survey sent to physicians about training, many of them expressed a desire for MMC to offer some basic courses for those clinicians unfamiliar with PCs. To accommodate this need, a new course, "Computer 101", is being offered twice a month on different days and at different times. In addition, other basic courses are being offered, including Word and PowerPoint. Also, different training formats are being tried with these offerings to further accommodate the busy clinician.

To see when these courses are available in the July-September timeframe, please go to MMC's Intranet site and click on the "PC Training" Quick Link for the schedule. Custom training can also be arranged for your group of clinicians.

As we get closer to implementation, we'll be better able to determine the SCM training schedule. In the meantime, all PC training classes in the schedule mentioned will take place at the new Charles Street facility. If you have any questions or need further information about this, feel free to contact Lenny Courchaine, Manager of Desktop Services, at 871-6450.

What's Happening is published every other week at Maine Medical Center for members of the hospital community and for friends of the institution throughout Maine and northern New England. Comments, questions, and suggestions may be addressed to the Office of Public Information, MMC, 22 Bramhall Street, Portland, Maine 04102-3175. (207) 871-2196. Editor: Wayne L. Clark.

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